L21000390418

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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2022 APR -5 AM 8: 29
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RARCICH8

APR 0 6 7072 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 584209 8276536

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 31, 2022

ORDER TIME : 3:04 PM

ORDER NO. : 584209-021

CUSTOMER NO: 8276536

CHANGE OF AGENT

NAME: DEDICATED NEVADA HOLDING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	1395 NW 167TH STREET			1395 NW 167TH STREET					
(44)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(w) <u></u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	MIAMI, FL 33169		MIA	AMI, F	L 33169				
	09/01/2021		L21000390418						
3. 5. (a)	Date of filing/registration in Florida CHANDLER, KATHRYN	4.			Document number	:r			
(b)	Registered Agent and Registered Office shown on the records of the 1395 NW 167TH STREET	he Flor	da Dept	. of Stat	te:				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>S.S)</u>		-	7 28	2022		
	MIAMI	33169	169					<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> Corporation Service Company				-	T OF STATE ASSEE, FL	AM 8: 29		
	NEW Registered Office Address: 1201 Hays Street				_				
	Tallahassee FL_	32301			_				
change agent w was/we he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egiste bility The li	red off compar mited I	īce an 1y, it i: liabilit	d the business offices s hereby confirmed y company or as o	ce of the I that the	registe change	red e(s)	
	ure of a member or authorized representative of a member	Ji 	l Cilmi,	Autho	orized Person				
I hereb provisio he obli o mere votifica	we of a member or authorized representative of a member of a composition of a composition as registered agent and agree ins of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have the composition as the composition and composition and composition and composition and composition are composited as a composition and composition and composition are composited as a composition and composition and composition are composited as a composition and composition and composition are composition.	e to a perfori for in ereby	et in th nance (Chapt confirn	is cape of my e er 605 n that	Printed or typed nam acity. I further agg duties, and I am fa 5, F.S. Or, if this d the limited liability	ree to cor	nnlv w	ith the accept g filed been	

Grace E. Kirby. Asst. Vice President of Corporation Service Company
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)